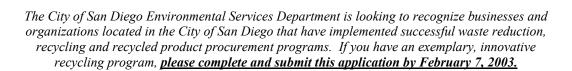
## Waste Reduction & Recycling Awards Program

2003 Application





Or	ganization Name	e (Please print or type EXACTI	<i>Y</i> as you would like it to	appear on your award.)
Or	ganization Maili	ng Address		
Co	ntact Person	Telephor	ne Fax	E-mail
Nai	me(s) of Recyclin	ng Service Provider(s)		
Bu	siness Type (Ple	ase indicate which type best app	olies to your organization	.)
Mil Cor	nufacturing itary nstruction molition	School/College Hotel Hospital/Medical Other (Please Specify)	Restaurant/Bar Retail Store Shopping Mall	Financial Institution/Banks Professional Office Apartment/Condominium
Bu	siness Size (Nun	nber of employees)		
T1. :			ion & Recycling Info	
que to it app incl	stions in detail. Ij nclude any inform licants, please de lude a camera rea	ograms implemented or expande f needed, attach additional page ation (i.e. brochures, photograp sscribe how your programs hav dy logo, and a 100 to150 word s	ed from January 2002 thes with the corresponding hs) about your program we improved since last re	prmation  rough December 2002. Please answer all to a question number. Applicants are encourage that will assist in judging your entry. Previous eceiving your award. All applications MUS ion's waste reduction and recycling efforts.
que to it app inci	stions in detail. If nelude any inform licants, please de lude a camera rea laste Reduction  Describe your o	ograms implemented or expande f needed, attach additional page ation (i.e. brochures, photograp sscribe how your programs hav dy logo, and a 100 to150 word :	ed from January 2002 thes with the corresponding this) about your program we improved since last resummary of the organization	rough December 2002. Please answer all to question number. Applicants are encourage that will assist in judging your entry. Previo eceiving your award. All applications MUS ion's waste reduction and recycling efforts.

Recycling					
3.	List ALL the recyclables in your program. Explain how they are collected and list quantities for each recovered material on a monthly or yearly basis. If you have realized revenue from the sale of the recyclable materials, please quantify. (Attach a separate page if necessary)				
4.	Has your recycling program reduced the level and cost of disposal service? If yes, please quantify on a monthly or yearly basis.				
Re	ecycled Product Procurement				
5.					
Ed	lucation				
6.	Describe your efforts to educate employees/tenants and provide continuous updates about waste reduction and recycling. Please mention motivational tools/programs employed and include samples of the material your organization uses.				
7.	Would you allow ESD to list your email address as a resource for other companies?  ☐ Yes ☐ No				
	Authorized Business Signature Title Date				

Please send this application to: City of San Diego Environmental Services Department, Attn: Martha Espinola (Phone (858) 573-1242)

Entry deadline is February 7, 2003. Good Luck!